Transforming the Workforce for a New Delivery System: What Are the Issues?

Medicaid in New York: Transforming the Delivery System
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Health Care Delivery Under Health Reform: What Changes?

- Shift in focus to primary and preventive care
- Care integration: primary care, behavioral health, oral health
- Better care coordination
- Active management of transitions across care settings
- Increased provider communication and collaboration
- Clear accountability for the total care of the patient
- Payment reform, away from fee-for-services and toward managed care arrangements
  - pay for quality, not quantity

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Workforce Implications of Health Reform

• Emerging patient care delivery models (e.g., Performing Provider Systems Accountable Care Organizations, Patient Centered Medical Homes, Health Homes)

• Team-based approaches to care are used extensively in these models
  - Team composition and roles vary, depending on the patient population
  - Teams may include: physicians, NPs, PAs, RNs, social workers, LPNs, medical assistants, and community health workers, among others

• Primary care provider roles are expanding, e.g., often including behavioral health and oral health assessments

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Multidisciplinary Teams Have Positive Impacts on Patient Outcomes

• “The provision of comprehensive health services to patients by multiple health care professionals with a collective identity and shared responsibility who work collaboratively to deliver patient-centered care.”


• Research suggests health care teams with greater cohesiveness and collaboration are associated with:
  - Higher levels of patient satisfaction
  - Better clinical outcomes

• The most effective and efficient teams demonstrate a substantial amount of scope overlap – i.e., shared responsibilities
So What’s the Problem?

- Inadequate primary care capacity
- Lack of health workforce diversity
- Health professions students not trained to work in emerging models of care
- Scope of practice restrictions
Who Are New York’s Primary Care Practitioners?

Percentage of Physicians, NPs, PAs, and Midwives who Provide Primary Care Services in New York

Source: Center for Health Workforce Studies

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Are We Growing Our Own Primary Care Practitioners?

Training Location of Physicians, NPs, PAs, and MWs Who Provide Primary Care in NY

Source: Center for Health Workforce Studies

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Are We Training the Health Workforce for New Models of Care?

• Health professions education and training typically occurs in **disciplinary siloes**
• The **focus on specialized clinical roles** can interfere with delegation and collaboration on teams
• Doctors, nurses, and others get **little guidance on how to interact effectively** with each other in support of team care
• There’s **limited exposure to newer models of care** that demonstrate use of group-based decision making
• Curricula do not always include training in **emerging functions**, such as data analytics, health coaching, care coordination, etc.

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Care Coordination: Function AND Title

• **All health workers** in a PPS must understand and support care coordination functions

• At the same time, there are **dedicated** care coordination staff, including care managers, case managers, patient navigators, patient educators and community health workers
  
  ➢ Qualifications for these titles vary widely
  
  ➢ Some are licensed professionals (e.g., RNs, LPNs, MSWs)
  
  ➢ Others are required to have a minimum educational level (GED, Associates’ degree, bachelors degree)

• Diverse qualifications for care coordination titles make it challenging to develop systematic approaches to training the care coordination workforce
Health Professions Regulation: Barrier to Effective and Efficient Team-based Care

• Mismatches between professional competence and state-specific legal scopes of practice
• Lack of uniformity in legal scopes of practice across states for some health professions
• Limited ability to support scope of practice overlap across health professions
• The process for changing state-specific scope of practice is slow and adversarial
DSRIP Workforce Planning Process

- DSRIP workforce analysis is underway by PPSs
  - Collect data on baseline workforce
  - Describe target workforce
  - Gap analysis: difference between baseline workforce and target workforce
  - Workforce plan will include both training and retraining strategies

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New Health Workforce Education and Training Strategies

• Break down training siloes, increase inter professional education

• Focus on successful team functioning, including:
  ➢ Effective communication
  ➢ Role overlap
  ➢ Conflict resolution
  ➢ Delegation
  ➢ Supervision
  ➢ Collaboration

• Train for new roles and functions, including effective chronic disease management, data analytics, patient engagement

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Planning the Health Workforce of the Future

• Build primary care capacity
  ➢ Improve diversity
  ➢ Grow our own

• Support regulatory flexibility needed to enable effective team function

• Encourage innovative approaches to health workforce training and service delivery

• Evaluate impacts of these innovations on patient outcomes and population health

• Assure the availability of data and information needed to evaluate these efforts and to inform decision-making